

Frequently Asked Questions about Syphilis

What is syphilis?

Syphilis is a bacterial sexually transmitted disease (STD). It has been called the “great imitator” because many signs and symptoms of syphilis are the same as signs and symptoms of other diseases.

How do people get syphilis?

Syphilis is usually passed during vaginal, anal or oral sex through direct contact with a syphilis sore. Sores occur mainly in the genital and anal areas, or inside the vagina or rectum (anus). Sores also can occur on the lips and in the mouth. Pregnant women with syphilis can pass it to their unborn babies.

What are the signs and symptoms of syphilis?

Many people infected with syphilis do not have any noticeable symptoms for years. But even without symptoms, there are serious health risks if people with syphilis are not treated. Syphilis occurs in three stages and each stage has different possible signs and symptoms.

Primary Syphilis Usually during the primary stage, a sore (called a chancre) appears at the site of infection. This chancre is usually painless, round, small and firm. It can take 10 to 90 days (average 21 days) for a sore to appear after a person is infected and more than one chancre is possible. The chancre lasts 3 to 6 weeks and heals without treatment. However, if syphilis is not effectively treated, it will go into a second stage.

Secondary Syphilis This stage typically starts with a rash appearing on one or more areas of the body. The rash usually does not cause itching and may appear as rough, red, or reddish brown spots both on the palms of the hands and the bottoms of the feet. Rashes or mucus membranes (that look different from a rash) may appear on other parts of the body. Symptoms in this stage can be so mild that they are not noticed, or may be mistaken for something other than syphilis. Other possible symptoms of secondary syphilis include fever, swollen lymph glands, sore throat, patchy hair loss, muscle aches, and fatigue. The signs and symptoms of secondary syphilis will go away on their own, but without treatment syphilis will progress to the latent and possibly late stages of disease.

Latent Syphilis The latent (hidden) stage of syphilis begins when primary and secondary symptoms disappear. Even though there are no signs or symptoms during latent syphilis, without treatment the infection will remain in the body. This latent stage can last for years and can lead to late syphilis.

Late Syphilis Late syphilis develops in about 15% of people who have not been treated for syphilis, and can appear as much as 10–20 years after a person was first infected. In this stage, the disease can cause severe damage to the internal organs, including the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints. Possible signs and symptoms of the late stage of syphilis include difficulty coordinating muscle movements, paralysis, numbness, blindness, and dementia. Damage caused by syphilis can even be serious enough to cause death.

How does syphilis affect pregnant women and their babies?

If not treated, syphilis can be passed from an infected mother to her baby during pregnancy. Depending on how long a pregnant woman has been infected with syphilis, there may be a high risk of the baby dying either before birth or shortly after. A baby born with syphilis infection may or may not have signs and symptoms. However, if not treated immediately, the baby can develop serious problems and may become developmentally delayed, have seizures, or die.

How is syphilis diagnosed?

A blood test is the most common way to diagnose syphilis. This blood test detects antibodies that are produced by the body shortly after becoming infected. Even if syphilis is successfully treated, a low level of antibodies will likely stay in the blood for months or years.

Sometimes syphilis can be diagnosed by looking at a sample from a chancre using a special microscope called a dark-field microscope. If syphilis bacteria are present in the sore, they will show up when observed through the microscope.

Because untreated syphilis in a pregnant woman can infect and possibly kill a developing baby, every pregnant woman should have a blood test for syphilis.

How is syphilis treated?

Syphilis is easy to cure in its early stages. A single intramuscular injection of penicillin, an antibiotic, will cure a person who has had syphilis for less than a year. Additional doses are needed to treat someone who has had syphilis for longer than a year. For people who are allergic to penicillin, other antibiotics are available to treat syphilis. Treatment will kill the syphilis bacterium and prevent further damage, but it will not repair any damage that has already done to the body.

All sex partners of a person diagnosed with syphilis should be evaluated, tested, and treated. Persons with syphilis should abstain from sexual activity until they and their sex partners have completed treatment, otherwise re-infection is possible. Having syphilis once does not protect a person from getting it again if they are exposed to the infection.

Because effective treatment is available, it is important that persons be regularly screened for syphilis if their sexual behaviors put them at risk for STDs.

What is the link between syphilis and HIV?

Genital sores (chancres) caused by syphilis can make it more likely that a person exposed to HIV will become infected. It is estimated that having syphilis makes it 2- to 5 times more likely that a person will get HIV if exposed to the virus than if that person did not have syphilis. Also, HIV-positive people with syphilis are more likely to pass HIV to sexual partners than if they did not have syphilis. This is because the genital ulcers (chancres) caused by syphilis can bleed easily. And, when they come into contact with a partner's oral, genital or rectal mucous membranes or fluids during sex, this increases the risk of getting or passing HIV.

Also, activities that put people at risk for STDs (such as unprotected oral, anal or vaginal sex) also put them at risk for HIV. So if someone has an STD, such as syphilis, this indicates that he/she is also at risk for HIV.

How can syphilis be prevented?

The surest way to avoid getting or passing STDs is to abstain from any sexual contact, including oral, anal and vaginal sex. Other ways to lower the risk of getting or passing STDs include being in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected and using latex or polyurethane condoms correctly from the beginning to the end of every sex act.

It is important that sex partners talk to each other about their HIV status and history of other STDs so that they can take steps to prevent passing or getting an infection.

Genital ulcer diseases, like syphilis, can occur in male or female genital or anal areas that are not covered or protected by a latex or polyurethane condom or other barrier. Correct and consistent use of latex or polyurethane barriers can reduce the risk of passing syphilis (as well as herpes and HPV) only when the infected area or site of exposure is covered.

Use of condoms lubricated with N-9 is not recommended for STD/HIV prevention. Washing the genitals, urinating, and/or douching after sex do not provide any protection against STDs. Any unusual discharge, sore, or rash, particularly in the groin area, should be a signal to refrain from having sex and to get checked by a health care provider immediately.

Where can I get more information?

- Your healthcare provider
- New Jersey Department of Health website: www.nj.gov/health
- Centers for Disease Control and Prevention website: www.cdc.gov/std/syphilis/
- CDC-INFO Contact Center at:
English and Spanish
(800) CDC-INFO
(800) 232-4636
TTY: (888) 232-6348

This information is intended for educational purposes only and is not intended to replace consultation with a healthcare professional. Adapted from the Centers for Disease Control and Prevention.

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